

Champ VA (Civilian Health and Medical Program of Department of Veterans Affairs)

ChampVA is a health benefits program in which VA shares the cost of certain health



care services and supplies with eligible beneficiaries. VA North Texas Health Care System (VANTHCS) provides care to ChampVA beneficiaries at each of its three facilities: Dallas VA Medical Center, Fort Worth

Outpatient Clinic and Sam Rayburn Memorial Veterans Center.

Who is eligible for ChampVA?

The following persons are eligible for ChampVA benefits providing they are not eligible for Medicare (Part A)* or medical benefits under the TriCare program:

- A. Spouse or child of a veteran who has been adjudicated by VA as having a permanent and total service-connected disability
- B. Surviving spouse or child of a veteran who dies as a result of an adjudicated service-connected condition(s)
- C. surviving spouse or child of a veteran who died while on active duty and in the line of duty. Under specific circumstances, eligibility may be established for certain surviving spouses who remarry and whose subsequent marriage(s) is terminated.

How is ChampVA eligibility established?

Individuals who fall into A, B, or C eligibility categories can initiate the ChampVA application process by contacting the ChampVA Center in Denver, Colorado. Since the ChampVA Center is the only VA office authorized to determine eligibility and authorize benefits, inquiries are to be made directly to the ChampVA Center at 800 733-8387, 8 a.m. – 12 p.m. For local information, contact the ChampVA Coordinator at 800 849-3597, option 3.

What types of medical services and Supplies are covered by ChampVA?

The ChampVA program covers most health care that is medically necessary. There are some special rules or limits on certain types of care and some types of care are not covered at all. Generally, most questions regarding covered services, rules and limitations can be answered by referring to the ChampVA Handbook and the ChampVA Handbook Supplement. Additional information or clarification can be obtained from the ChampVA Center.

What is the ChampVA In-house Treatment Initiative (CITI)?

Historically, ChampVA beneficiaries have received their medical care services from private providers. To the extent that the level of services available to veterans is not compromised, VA medical facilities are now authorized to offer "in-house" services to ChampVA beneficiaries. Although active participation in the program is encouraged, it should be noted that the beneficiary's decision to participate is strictly voluntary.

From the beneficiary's perspective, what are the advantages of participating in CITI?

Unlike services received from private sources, beneficiaries do not share the cost of service.

What in-house services are offered to ChampVA beneficiaries?

If the level of service to the veteran population is not compromised, VA facilities may offer any available service. No new service, however, will be

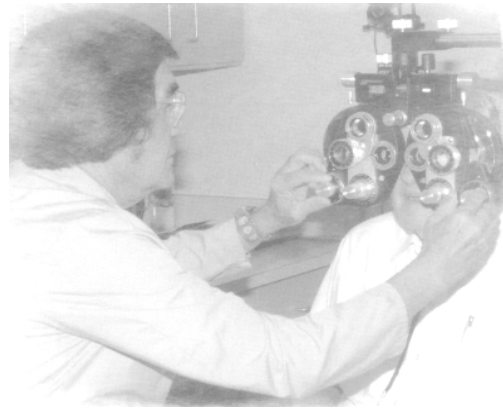
established for the purpose of treating ChampVA beneficiaries. Reimbursement to participating VA facilities will be limited, however, to ChampVA covered services as defined in the ChampVA Handbook Supplement. The cost of services that are not covered by ChampVA will be borne exclusively by the facility with no charge to the beneficiary.

What about services not available at VANTHCS?

ChampVA beneficiaries who require services not available at VANTHCS must seek those services from a private provider of their choice. In such cases, the beneficiary (or provider, if assignment of benefits has been made) will bill the appropriate ChampVA claims processor. Services for Hospice and Mental Health must be preauthorized if rendered outside VA. Unlike services received at VA facilities, services received from non-VA sources are subject to the ChampVA program's deductible and co-payment requirements. Contrary to the waiver of preauthorization requirements granted for VA in-house services (excluding organ transplantation, dialysis services, hospice and mental health treatment and dental services), non-VA services subject to the preauthorization requirements (see ChampVA Handbook Supplement) will continue to be required, even if the beneficiary is referred by a VA physician.

May a ChampVA beneficiary elect to discontinue VA care and return to private health care providers?

Yes, at any time. This initiative is voluntary.



*Effective December 5, 1991, persons under age 65, who are enrolled in both Medicare (Parts A and B) become potentially eligible for ChampVA as a secondary payer to Medicare.